

**Lawyer Road Sanitary District
Rockingham County
Department of Public Works
30 East Gay Street
Harrisonburg, Virginia 22801
(540) 564-3020**

**Water and Sewer
Application for Connection/Service**

Date

I (we), _____, hereby make
application for ☐ water and/or ☐ sewer service to the premises located at
_____, Penn Laird, Virginia 22846.
Service is to begin on _____. I am (we are) the ☐ owner, or ☐
tenant. If tenant, the owner is _____. I (we) understand that
connections made are to be in conformance with existing policies and ordinances of Rockingham
County and agree to pay for service(s) at the rate and fees established by and as may be revised
by the Rockingham County Board of Supervisors. I (we) further understand that service(s) may
be discontinued in the event bills are not paid when due.

(____)____-_____
Telephone

____-____-_____
Social Security Number

Signature of Applicant or Agent

Mailing Address
(if different from service):

(For Office Use)

Connection Fee _____

Date of Service _____

Received by _____

Street Light ☐ Yes ☐ No

Meter Number _____

Old Acct No. _____

Service Number _____

Tax Map No. _____

Deposit _____ \$25.00 (water)

_____ \$25.00 (sewer)

☐ Cash ☐ Check # _____

Receipt # _____

Meter Reading _____

Book Number _____